

02.2018

## Minor Counseling Form

Date: \_\_\_\_\_ Date of First Session: \_\_\_\_\_

### ABOUT MINOR:

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_ Gender:  M  F  
Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ District: \_\_\_\_\_

**ETHNICITY:**  White  Black or African American  Asian  Hispanic or Latino  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Other: \_\_\_\_\_

### ABOUT RESPONSIBLE PARTY:

Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ OK to leave message/text?  Yes  No  
Home Phone: \_\_\_\_\_ OK to leave message?  Yes  No  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ OK to leave message?  Yes  No  
Email: \_\_\_\_\_ OK to communicate via email regarding scheduling?  Yes  No

OK to email tips on relational, emotional and spiritual health?  Yes  No

*PCC will never send confidential personal information via email. We will not sell or distribute your email address in any way.*

### ANY OTHER ADULT WITH CUSTODY OF CHILD:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Entitled to discuss minor's progress with counselor?  Yes  No

*Attach copy of Divorce Decree to verify your legal right to bring in the minor. Minor cannot be seen without this documentation.*

Any other adults entitled to discuss minor's progress with counselor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Minor Counseling Form (continued)

### FAITH PREFERENCE:

Christian/Protestant    Catholic    Jewish    Muslim    Hindu    Other: \_\_\_\_\_

Congregation Affiliation: \_\_\_\_\_

### REFERRAL: How did you hear about the Pastoral Counseling Center?

- |  |  |
|--|--|
| <input type="checkbox"/> Insurance/Insurance Website | <input type="checkbox"/> Psychology Today Online Listing |
| <input type="checkbox"/> EAP/EAP Website             | <input type="checkbox"/> Internet/Google Search          |
| <input type="checkbox"/> Friend or family member     | <input type="checkbox"/> Pastor or Church Name: _____    |
| <input type="checkbox"/> Doctor Name: _____          | <input type="checkbox"/> Other: _____                    |

### REASON FOR VISIT:

What led you to seek counseling at this time? \_\_\_\_\_

How long has the issue persisted?    0-6 months    6-12 months    more than 1 year

List any issues that might have caused stress for your child: \_\_\_\_\_

List some of your child's strengths: \_\_\_\_\_

### PREVIOUS THERAPY: (if applicable)

Dates: \_\_\_\_\_ Counselor: \_\_\_\_\_

### PREVIOUS TESTING/ASSESSMENT: (if applicable)

Dates: \_\_\_\_\_ Facility/Administrator: \_\_\_\_\_

Findings: \_\_\_\_\_

### MEDICAL INFORMATION:

Pediatrician: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OK to contact your Pediatrician/Primary Care Physician (PCP)?    Yes    No

List any current medical problems and medications: \_\_\_\_\_

In case of concern for your child's safety or the safety of others, the counselor may decide to notify the emergency contact whom you designate. (Contact must be over 18 years of age.)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

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## NOTICE OF PASTORAL COUNSELING CENTER PRIVACY PRACTICES (HIPAA)

This notice tells you how we treat your health information, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a legal responsibility under the laws of the United States and the State of Texas to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on (April 14, 2003) and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will effect how we protect the privacy of your health information. This includes health information we will receive about you or that we create at the Pastoral Counseling Center. These changes could also effect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

If you request a copy of this notice now or at any time in the future, we will give you a copy at no charge to you. If you have any questions or concerns about the material in this document, please ask for assistance which we will provide at no charge to you.

### **Here are some examples of how we may use and disclose your health information with your permission:**

- A. To your physician or other healthcare provider who is also treating you.
- B. To anyone on our staff involved in your treatment program.
- C. To any person required by federal, state, or local laws to have lawful access to your treatment program.
- D. To receive payment from a third party for services we provide for you.
- E. To be in compliance with Utilization Management/Quality Improvement Plans

by third parties.

F. To our own staff in connection with our Center's operations. Examples of this include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.

G. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you would like. When you revoke an authorization, it will only effect your health information from that point on.

H. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.

We will not use your health information in any of our Center's marketing, development, public relations, or related activities without your written authorization.

We may not use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

### **As a client of the Pastoral Counseling Center, you have these important rights:**

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part "A" above.
- C. We will charge you a reasonable fee per page for making these photocopies.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have us communicate with you about your health information by alternative means,

at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.

F. You may make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.

G. You may make a written request that we amend the information in part "A" above.

H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information and anyone else of your choosing.

I. If we deny your amendment, you may place a written statement in our records disagreeing with our denial of your request.

J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Center's operations. This can go back as far as six years.

K. If you request the accounting in "J" above more than once in a 12-month period, we may charge you a fee based on our actual costs of tabulating these disclosures.

L. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may complain to us in writing to the following person:

Compliance Officer(s):  
Executive Director/Clinical Director  
Telephone: 214.526.4525  
Fax: 214.520.6468  
Address:  
Pastoral Counseling Center,  
4525 Lemmon Avenue, Suite 200  
Dallas, TX 75219

M. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.

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## PCC Policy/HIPAA Acknowledgement and Therapy Consent for Minors

The Pastoral Counseling Center has served the North Texas area since 1968 and we are glad that you have chosen us to work with you. PCC is a faith-based, faith-inclusive counseling center committed to serving those seeking help with integrity, compassion and respect. We offer services to all persons; therefore, our staff will not impose their personal beliefs upon clients. If requested, we will work within the belief system and faith preference of our clients.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process of psychotherapy often requires discussing the challenging aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Psychotherapy requires a very active effort on your part. Your participation in counseling, both in session and out of session, can help you achieve your goals for counseling.

**NOTICE OF PRIVACY POLICIES:** The attached privacy policy tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

Your relationship with the Pastoral Counseling Center is important and confidential. Information cannot be released regarding your counseling without your written permission, unless disclosure prevents imminent harm or is required by state or federal law. Some examples include: suspected child or elder abuse; for third party payments such as insurance; if you are involved in a legal case where your therapist or the Center may be required by law to release your records to attorneys or judges; if you are dangerously close to harming yourself or others, your counselor may notify medical or law enforcement personnel; as described in the attached privacy policy.

**LATE CANCELLATIONS AND MISSED APPOINTMENTS:** Initial appointments are generally 60 minutes. Follow-up appointments are generally 45–60 minutes. These sessions are reserved for you, and you are responsible for payment for that time. Cancellations received with more than 24 hours' notice will result in no charges being assessed. However, those canceling with less than 24 hours' notice will be charged \$50 to the credit card on file. Repeat "no-show" or "late-canceled" appointments could result in termination of treatment. Insurance companies, EAP providers, or other responsible third-parties will not accept claims for missed or unused appointments.

**Please initial that you understand PCC's late cancellation and missed appointment policy:** \_\_\_\_\_

**THERAPIST ACCOUNTABILITY:** Your counselor's work is open to the scrutiny of professional supervision, peer review and the accreditation standards of the American Association of Pastoral Counselors and Licensing Boards in the state of Texas. If you have concerns or problems with your counseling relationship, or have questions about the Center's policies, you can talk directly with your counselor or the Center's Executive Director. The consumer complaint hotline for most Texas licensed/certified counseling professionals is 1.800.942.5540.

### OUR LIMITATIONS:

We are an out-patient treatment center and cannot provide intense daily client monitoring. We are unable to help clients who:

- Continue to abuse alcohol and other drugs
- Misuse or refuse to use prescribed medication
- Require intense supervision
- Show disrespect to other clients, PCC staff or PCC property
- Are a danger to others or self

**CONTACT INFORMATION:** The Center has a centralized phone system. You may go directly to the voicemail system by dialing 214.526.4753, then follow the directions for your counselor's extension. In case of emergency, call the Center's main number, 214.526.4525 or 1.800.340.7557, and a member of our staff or an answering service will assist you.

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## **PCC Policy/HIPAA Acknowledgement and Therapy Consent for Minors (continued)**

**FEES/FINANCIAL TERMS:** Fees are discussed during your first session. Payment is expected in full at the time of service. If unable to make payment at the time service is rendered, you will be asked to reschedule to a time when payment can be made. This enables us to remain fiscally sound and provide consistent, quality service. Insurance issues can be discussed with your counselor or our insurance coordinator. You are responsible for the balance due if your insurance does not pay for our services. You are also responsible for the balance if the insurance holder is different from yourself. If you have difficulties with your insurance company, you may file a complaint with the Texas Department of Insurance (1.800.252.3439 or [www.tdi.state.tx.us](http://www.tdi.state.tx.us)).

**CLIENT RECORDS:** There will be an administrative printing/faxing charge of \$25 for the first 20 pages and \$.50 per page for every print thereafter for client records. Additional fees may include costs for record mailing, shipping or delivery. Please note it will take 7 – 10 business days for processing records. Charges for client records must be paid in advance and will be charged to the credit card on file.

**LETTERS/DOCUMENTATION:** There is a charge associated with any and all documentation we may have to complete. Charges will be determined by the amount of time spent to complete the request. Charges for letters/documentation must be paid in advance.

**COURT FEES:** *This is not a service typically provided by PCC clinicians.* If a deposition or opinion in court is required, there is a \$200 per hour charge. The minimum charge is \$1600, to be paid in advance. Preparation, travel and attorney or clerk time is charged per hour. Travel cost (i.e. tolls, gas and miles) will also be billed. Your insurance company will not be billed for any of these fees; you are solely responsible for payment.

**FMLA/DISABILITY PAPERWORK:** You must schedule an appointment to have FMLA/Disability paperwork completed by the therapist. Prior to your appointment, please present your paperwork. There is a \$125 charge for the FMLA/Disability paperwork appointment. This appointment is not covered by EAP or Insurance benefits. Completion of FMLA paperwork is at the discretion of the therapist after at least 6 sessions of therapy have been completed. Charges for FMLA/Disability paperwork must be paid in advance.

**INSURANCE:** If you choose to use your insurance benefits, and your therapist **is a participating provider (in-network)**, you agree to assign payment from your health plan to Pastoral Counseling Center (PCC) and to update PCC with your current insurance information at all times. If there is a change in your insurance, we ask that you notify us of the changes at least two days prior to your appointment. Failure to do so may result in you being charged our standard rate per hour for your appointment. We will bill your insurance company if your therapist is an in-network provider. However, you are responsible for co-payments, deductibles and payments for services not covered by your health plan. If you have a deductible, you must pay each visit at the time of your appointment until the deductible has been met.

If you choose to use your insurance benefits, and your therapist **is not a participating provider (out-of-network)**, you understand that you are responsible for obtaining prior authorization/certification for treatment, and for submitting your claims for reimbursement from insurance. PCC will provide you with a receipt with all of the applicable information so you may attempt to obtain reimbursement for services, however, you will be responsible for the full fee at the time of service regardless of whether your insurance company reimburses you. Unfortunately, as PCC is not a contracted entity with your insurance company, you will be responsible for all communication with and attempts to obtain reimbursement from your insurance provider. If your insurance provider denies payment for any reason, you are responsible for payment.

**AGREEMENT:** I have read and understand my rights and obligations as a counseling client, including the HIPAA policy and the limits of confidentiality of the Pastoral Counseling Center. My signature below is my acceptance of policies and consent for psychotherapeutic services at the Pastoral Counseling Center for the Minor listed below and confirmation that my clinician reviewed the consents and releases with me.

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have legal authority to sign this on behalf of \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Minor

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## PCC Information Sheet

The Pastoral Counseling Center is ready to help people:

- Heal and grow in their lives and relationships
- Learn skills that improve well-being
- Balance work, family, social and spiritual lives

### Qualifications:

The Pastoral Counseling Center is accredited by the American Association of Pastoral Counselors. All therapists and trainees have master's degrees or higher academic training, as well as hundreds of hours of clinical experience. All therapists practice according to the code of ethics set by their professional groups.

### SERVICES:

We offer a variety of programs, including assessments, individual, couple, family and group psychotherapy. We offer counseling for children including social skills groups and play therapy. Play therapy is administered by staff therapists and therapists-in-training using different approaches. All therapists have been extensively trained and receive on-going supervision and education. When appropriate, clients have the opportunity to receive collaborative therapy with several consulting therapists.

### Your role in therapy is to:

- Make a commitment to change or grow
- Take responsibility for your own life
- Set goals for therapy
- Give feedback to your therapist
- Work on your own goals between sessions

### Your therapist's role is to:

- Decide if his or her skills meet your needs
- Assist you in reaching your goals
- Identify community and other psychotherapeutic resources

**Contact Information:** The Center has a centralized phone system. You may go directly to the voicemail system by dialing 214.526.4753, then follow the directions for your counselor's extension. In case of emergency, call the Center's main number, 214.526.4525 or 1.800.340.7557, and a member of our staff or an answering service will assist you.

Counselor's Name: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

## LATE CANCELLATION AND MISSED APPOINTMENT POLICY

A great deal of effort goes into arranging your therapy or testing sessions. It is important to realize that this appointment time is being held exclusively for you.

We realize illness and emergencies occur. If you must cancel an appointment for any reason, we must receive NOTICE 24 HOURS prior to the scheduled session or it will be considered a broken appointment and the CANCELLATION FEE WILL BE CHARGED to your credit card on file.

### **Therapy Clients:**

Initial appointments are generally 60 minutes. Follow-up appointments are generally 45—60 minutes. These sessions are reserved for you, and you are responsible for payment for that time. Cancellations received with more than 24 hours' notice will result in no charges being assessed. However, those canceling with less than 24 hours' notice will be charged \$50 to the credit card on file. Repeat "no-show" or "late-canceled" appointments could result in termination of treatment. Insurance companies, EAP providers, or other responsible third-parties will not accept claims for missed or unused appointments.

### **Testing Clients:**

Sessions are generally scheduled for 60 minutes to 5 hours. Testing session durations vary. The appointment you schedule is reserved for you. You will be billed for missed appointments and cancellations of less than 24 hours' notice. Cancellations received with more than 24 hours' notice will result in no charges being assessed. However, those canceling with less than 24 hours' notice will be charged \$250 to the credit card on file. Insurance companies, EAP providers, or other responsible third-parties will not accept claims for missed or unused appointments.

Client/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Responsible Party Printed Name: \_\_\_\_\_

(06-14-17)